

# MEDICARE-APPROVED DISCOUNT DRUG MODEL DOCUMENT

## Denial Letter - Drug Card only

[Date]

<Beneficiary's Name>

<Address>

<City>, <State> <Zip Code>

Dear [insert name (HIC#)]:

You recently applied for our Medicare approved discount drug card. This letter is to inform you that you are **not eligible** for enrollment in [insert company name's] Medicare approved discount drug card because our records and/or information that you provided indicate:

1. \_\_\_\_\_ You reside outside of [insert company name's] service area. [Option to sponsor – you may list service area by zip codes and/or counties].
2. \_\_\_\_\_ You do not have Medicare.
3. \_\_\_\_\_ You are receiving outpatient prescription drug assistance from Medicaid, also known as [insert state-specific program name]. Since you are receiving such assistance, you are not eligible for the discount card program. If you have questions, call **1-800-MEDICARE (1-800-633-4227)**. (TTY users should call 1-877-486-2048) for more information on your State Medicaid program.)
4. \_\_\_\_\_ You are enrolled, or your enrollment is pending, in another Medicare approved discount drug card.
5. \_\_\_\_\_ You attempted to enroll outside of the annual enrollment period.
6. \_\_\_\_\_ You are enrolled in a health plan that offers a Medicare approved discount drug card only to its members. If you want to enroll in a drug card, you must enroll in the drug card offered by your plan.

### How can I have my denial reviewed?

If you believe that any item(s) we have checked is wrong, or if any information you gave us has changed, you have the right to have this decision reviewed.

If you would like to have this denial reviewed, you must submit a request within 60 days from the date on this letter - either by phone, mail, or fax - to the Medicare Drug Card Reconsideration Contractor:

1. **TELEPHONE:** Call the Medicare Drug Card Reconsideration Contractor 1-800-567-0757. Please have this letter with you when you call.
2. **MAIL:** Mail a copy of this letter to the Medicare Drug Card Reconsideration Contractor, **BOWLING GREEN STATION, P.O. BOX 5042, NEW YORK, NY 10274-5042**. Please fill in your address (if different from above) and phone number in the space provided below. Keep a copy of this letter for your records.

3. **FAX:** Fax a copy of this letter to the Medicare Drug Card Reconsideration Contractor 917-228-8600. Please fill in your address (if different from above) and phone number in the space provided below. Keep a copy of this letter for your records

Your Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Your phone number: \_\_\_\_\_

\_\_\_\_\_ If mailing or faxing request, please check this box to indicate you are requesting reconsideration of your denial.

In order to make this review as quick as possible, it may be helpful to provide any evidence or other documentation that may prove that you were incorrectly denied. For example, if you were denied because of Reason #2 (You do not have Medicare), you may send the Medicare Drug Card Reconsideration Contractor a copy of your Medicare card or other evidence that shows you have Medicare.

Please note that even if you provide additional information, you may still be contacted if more information is needed.

#### **Where can I get more information?**

- Please call our Customer Service Department [insert hours of information} at 1-xxx-xxxx if you have any questions. (TTY users should call 1-xxx-xxx-xxxx).
- If you have general questions about the Medicare approved discount drug card, you should call **1-800-MEDICARE (1-800-633-4227)**. (TIY users should call 1-877486-2048).
- If you have questions about having your denial reviewed or information you should submit with your request, contact the Medicare Drug Card Reconsideration Contractor at 1-800-567-0757.

Sincerely,